



*Written Testimony of the Department of Social Services  
Submitted to the Public Health Committee  
March 2, 2016*

**S.B. No. 217 - AN ACT CONCERNING THE STUDY OF THE PROVISION OF  
COMMUNITY-BASED HEALTH CARE SERVICES**

This proposed bill amends section 359 of public act 15-5, June special session. It adds a requirement that the Department of Social Services and Department of Public Health additionally study and report on the potential cost savings to Medicaid from the reduced utilization of the 9-1-1 emergency system to transport individuals to a hospital emergency department in non-emergency situations. The bill also requires both departments to study and report on the payment models developed by commercial payers to cover the cost of expanded community-based health care services provided by emergency medical services personnel beyond the traditional stabilization and transport of patients. The preliminary report must be provided to the legislature's Human Services and Public Health committees on or before October 1, 2016.

The department has researched the means of covering such services under Medicaid. The State of Minnesota administers the only Medicaid program that covers such services. There is no foreseeable way that the department could report a potential cost savings the Medicaid program within the required time frame. The department also does not have available resources to research commercial payer activity in this area.

For these reasons, the department cannot support this bill.

## **S.B. No. 294 - AN ACT CONCERNING SERVICES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITY**

Section three of this proposal requires the Department of Social Services (DSS), the Department of Developmental Services (DDS), and the Department of Mental Health and Addiction Services (DMHAS) to provide written notification to an individual with an intellectual disability, his or her parent, conservator, guardian or other legal representative, that he or she will no longer be eligible for state-assisted care. The notification must be sent via certified mail, return receipt requested, at least ninety days before the individual becomes ineligible for and/or stops receiving state-assisted care. Each agency would be required to assist the individuals and their parent(s), conservator, guardian or other legal representative with identifying secure private funding for care or services related to and required by the individuals' intellectual disability.

The term "state-assisted care" is not defined in the bill. Assuming that it includes Medicaid and other public assistance programs administered by DSS, the 90-day notice requirement will be problematic.

For example, pursuant to federal law, the Department has only 10 days to end Medicaid benefits after it is determined that a recipient no longer satisfies a program's eligibility requirement. If this law is passed, the Department would be required to absorb the total cost for services provided to the individual for 80 days beyond the period permitted by federal law, even though he or she is not eligible for the program. Additionally, the state would not be able to claim a federal match for the services provided.

In addition to the fiscal implications, there are logistical issues that arise as well. DSS would need to modify the systems it utilizes to provide the notices required pursuant to this bill. The Department would also incur additional costs associated with the required certified mailings and the diversion of staff resources to assist these clients, and their representatives, identify and secure private funding for the care and services required.

The Department is committed to assisting those with intellectual disabilities. However, for the reasons listed above, the Department must oppose this section of the bill.

## **S.B. No. 295 - AN ACT CONCERNING RADIOLOGICAL AND IMAGING SERVICES**

This proposal requires the Department of Public Health to study the effect of the Department of Social Services' revised methodology for imaging and radiological services reimbursement and report on the impact that Medicaid State Plan amendment 15-020 has had on the accessibility of these services for Medicaid recipients. The Department of Public Health is required to provide recommendations to address any issues that recipients may have in accessing such services.

Under the Medicaid State Plan approved by the Centers for Medicare and Medicaid Services (CMS), the Department is the single state agency responsible for the administration of the Medicaid program. Per CMS standards, this is not a duty that can be done or delegated outside of the Department. The Department adheres to the standards set by CMS and CMS continually monitors the Department's compliance with our approved Medicaid State Plan. The Department also receives oversight from the Medical Assistance Program Oversight Council, which has provided welcomed and valued input to the Department over the years.

In measuring the impact of Medicaid State Plan amendment 15-020, reimbursements for radiological services have increased when comparing 2015 to 2014. The data compilations monitoring the impact of the radiology fee changes are next due in early April. The department will continue to routinely monitor this data every quarter.

This proposal would create a duplicative and unnecessary effort. For these reasons the department does not offer its support for this bill.

## **H.B. No. 5452 AN ACT CONCERNING A PRESCRIPTION DRUG EDUCATION PROGRAM**

This proposal seeks to amend section 10a-132e of the general statutes. It requires the University of Connecticut Schools of Medicine and Nursing (UConn), the Department of Social Services (DSS) and the Health Care Costs Containment Committee (“Containment Committee”) to develop, implement and promote an outreach and educational program on the therapeutic and cost-effective use of prescription drugs for the benefit of licensed physicians, pharmacists and other healthcare professionals authorized to prescribe and dispense prescription drugs. A joint report would be due by January 1, 2017 on the effectiveness of such program’s impact on reducing state expenditures on prescription drugs.

Currently, there is the Pharmaceutical and Therapeutics Committee (“P&T Committee”) for the Connecticut Medical Assistance Program, established under the authority of section 17b-274d of the Connecticut General Statutes. The purpose of the P&T Committee is to adopt one or more Preferred Drug Lists (PDLs) for use in the Medicaid program. The P&T Committee reviews and evaluates medical criteria, standards, and educational intervention methods concerning the establishment of one or more PDLs and makes recommendations to the Department.

There is also the Connecticut Medical Assistance Drug Utilization Review (DUR) Board and program, which identifies and reviews outliers with regard to the prescribing and dispensing of drugs by Medicaid providers and the use of medications by Medicaid recipients. The DUR Board’s mission is to facilitate the appropriate and cost-effective delivery of pharmaceutical care with non-biased, independent professional reviews of published literature for advisement on educational programs.

This proposed bill would duplicate the collective efforts of DSS, the P&T Committee and the DUR Board. For this reason the Department does not support this bill.

**S.B. No. 298 AN ACT CONCERNING TELEHEALTH SERVICES FOR MEDICAID RECIPIENTS**

This bill requires the Department to request a Medicaid waiver or amend the Medicaid State Plan to add telehealth services. The Department does not anticipate an increase in Medicaid funding that would enable us to add telehealth services to existing Medicaid State Plan services, and therefore cannot support this legislation.